

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

9742

1. PLACE OF DEATH

County Cabaret Registration Dist. No. 51
 Village or City Barstow No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Robert Lee Ogden If U. S. Veteran, specify WAR _____
 (a) Residence: No. Barstow St. _____ Ward _____
 (Usual place of abode) If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|---|--|--|--|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<u>write the word</u>) <u>married</u> | | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Katie D. Ogden</u> | | | | |
| 6. DATE OF BIRTH (month, day, and year) <u>Mar. 22, 1883</u> | | | | |
| 7. AGE Years <u>54</u> | Months <u>5</u> | Days <u>30</u> | If LESS than 1 day, _____ hrs. or _____ min. | |
| OCCUPATION 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) <u>Aug. 1937</u> | 11. Total time (years) spent in this occupation <u>Life</u> | | | |
| | 12. BIRTHPLACE (city or town) <u>Cabaret Co. Md.</u> (State or country) | | | |
| | 13. NAME <u>Harold Ogden</u> | | | |
| MOTHER / FATHER 14. BIRTHPLACE (city or town) <u>Cabaret Co. Md.</u> (State or country) 15. MAIDEN NAME <u>Floy Hardesty</u> 16. BIRTHPLACE (city or town) <u>Cabaret Co. Md.</u> (State or country) | 17. INFORMANT <u>Benjamin Ogden</u> (Address) <u>Barstow</u> | | | |
| | 18. BURIAL, CREMATION, OR REMOVAL Place <u>Wesley</u> Date <u>Sept. 23, 1937</u> | | | |
| | 19. UNDERTAKER <u>A. A. Warkness & Son</u> (Address) <u>Marshall Ind.</u> | | | |
| 20. FILED <u>9/23</u> , 19 <u>37</u> <u>N. Y. H.</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 24, 1937
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937 to Sept. 21, 1937
 I last saw him alive on Sept. 21, 1937; death is said to have occurred on the date stated above, at 8 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Pyphoid Fever. 3 weeks.
 Other Contributory Causes of Importance: Information of intestines 4 days.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county and State)
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) E. D. Fiske M. D.
 (Address) Prince Georges Ind.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i> | <i>1915</i> |
| <i>Chronic interstitial nephritis</i> | <i>1921</i> |
| <i>Cerebral hemorrhage</i> | <i>July 5, 1927</i> |

Other contributory causes of importance:

| | |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i> | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i> | <i>3 days ago</i> |

Other contributory causes of importance:

| | |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

9743

1. PLACE OF DEATH

County

Calvert

Village or City

Willows

No.

Registration Dist. No.

51

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence No.

Willows

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

C

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Lizzie Reed

6. DATE OF BIRTH (month, day, and year)

Mar-11-1886

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

69

6

12

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Caretaker of Bay Scott

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

Camp. at Willows Md.

10. Data deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Md

FATHER

13. NAME

Stephen Reed

14. BIRTHPLACE (city or town)
(State or country)

Md

MOTHER

15. MAIDEN NAME

Sarah Brown

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT

(Address)

George Jones
Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Edmunds Data 9-24, 1887

19. UNDERTAKER

(Address)

Harry Hitchman
The Hammer

20. FILED

9/24, 1937

J. N. King
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 22

(23)

(Month)

(Day)

1937

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw ~~him~~ ^{him} ~~live~~ ^{live} on ~~Sept 22~~ ^{Sept 22} 19 ~~37~~ ³⁷; death is said to have occurred on the data stated above, at ~~11~~ ¹¹ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Accidental
drowning
A boat was involved. C.W.B.
On a fishing trip.

Other Contributory Causes of importance:

Deceased was standing up, in boat;
lost his balance, and fell overboard.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

On a fishing trip.

Manner of injury Accidental drowning.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. N. King

M. D.

(Address) Prime Medicine

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

9744

1. PLACE OF DEATH

County Calvert Registration Dist. No. 51
 Village or City Bowens No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Fannie B. Robinson

If U. S. Veteran, specify WAR _____

(a) Residence: No. Bowens St. _____ Ward _____
 (Usual place of abode) If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

| | | | |
|--|---|---|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | |
| 5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>David B. Robinson</u> | | | |
| 6. DATE OF BIRTH (month, day, and year) <u>June 1, 1854</u> | | | |
| 7. AGE Years <u>83</u> Months <u>3</u> Days <u>22</u> | If LESS than 1 day, _____ hrs. or _____ min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | | |
| | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Housewife</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation <u>Life</u> | | |
| 12. BIRTHPLACE (city or town) <u>Calvert County</u> (State or country) <u>md</u> | | | |
| FATHER | 13. NAME <u>William Hooper</u> | | |
| | 14. BIRTHPLACE (city or town) <u>Bowie Georges</u> (State or country) <u>md</u> | | |
| MOTHER | 15. MAIDEN NAME <u>Mary Evans</u> | | |
| | 16. BIRTHPLACE (city or town) <u>Calvert Co</u> (State or country) <u>md</u> | | |
| 17. INFORMANT <u>David B. Robinson</u> (Address) <u>Bowens</u> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Asbury</u> Date <u>Sept. 24, 1937</u> | | | |
| 19. UNOERTAKER <u>A. A. Harkness & Son</u> (Address) <u>mutual md.</u> | | | |
| 20. FILED <u>9/23</u> 19 <u>37</u> <u>J. N. King</u> Registrar. | | | |

MEDICAL CERTIFICATE OF DEATH

| | |
|--|---|
| 21. DATE OF DEATH <u>Sept. 22, 1937</u> (Month) (Day) (Year) | 22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 16, 1937</u> to <u>Sept. 22, 1937</u> I last saw him alive on <u>Sept. 21, 1937</u> ; death is said to have occurred on the date stated above at <u>29</u> m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: <u>Fractured skull</u> <u>Compounded.</u> Other Contributory Causes of importance: <u>Chronic Hypertension</u> Name of operation <u>none</u> Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>NO</u> |
| 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? <u>accident</u> Date of injury <u>Sept. 16, 1937</u> Where did injury occur? <u>State road near Bowens</u> (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. <u>State road</u> Manner of injury <u>auto accident</u> Nature of injury _____ | |
| 24. Was disease or injury in any way related to occupation of deceased? if so, specify _____ (Signed) <u>P. A. Harkness</u> M. D. (Address) <u>Bowens, Calvert Co, Md.</u> | |

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|--------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

9745

1. PLACE OF DEATH

County Calvert Registration Dist. No. 51
 Village or City Walloville No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Amos C. Smith If U. S. Veteran, specify WAR _____
 (a) Residence: No. Walloville St. _____ Ward _____
 (Usual place of abode) If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

| | | | |
|--|----------------------------------|--|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | |
| 5a. If married, widowed, or divorced HUSBAND of <u>Gannie Smith</u> (or) WIFE of _____ | | | |
| 6. DATE OF BIRTH (month, day, and year) <u>Dec. 31, 1868</u> | | | |
| 7. AGE Years <u>68</u> | Months <u>8</u> | Days <u>9</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. <u>Farmer</u> | | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation <u>Life</u> | |

| | |
|--|---|
| MOTHER | 12. BIRTHPLACE (city or town) (State or country) <u>Calvert County</u> |
| | 13. NAME <u>Malachi Smith</u> |
| | 14. BIRTHPLACE (city or town) (State or country) <u>Eastern Shore</u> |
| | 15. MAIDEN NAME <u>Sewly J. Smith</u> |
| FATHER | 16. BIRTHPLACE (city or town) (State or country) <u>Calvert Co</u> |
| | 17. INFORMANT <u>Enos Stinnett</u> (Address) <u>Prince Frederick</u> |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Ashbury</u> Date <u>Sept 9, 1937</u> | |
| 19. UNDERTAKER <u>A. A. Harkness & Son</u> (Address) <u>Mtairal, Md.</u> | |
| 20. FILED <u>9/9</u> , 19 <u>37</u> <u>S. N. King</u> Registrar. | |

MEDICAL CERTIFICATE OF DEATH

| | |
|--|--|
| 21. DATE OF DEATH <u>Sept 8</u> (Month) (Day) (Year) | 22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 1</u> , 19 <u>37</u> to <u>Sept 8</u> , 19 <u>37</u> I last saw <u>him</u> alive on <u>Sept 8</u> , 19 <u>37</u> ; death is said to have occurred on the date stated above, at <u>7³⁰</u> m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: <u>Coronary Occlusion</u> Date of onset <u>Aug 1, 1937</u> |
| Other Contributory Causes of importance: _____ _____ _____ | |
| Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u> | |
| 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of Injury _____, 19____ Where did Injury occur? _____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| Manner of Injury _____ Nature of Injury _____ | |
| 24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>Enos Stinnett</u> M. D. (Address) <u>Prince Frederick</u> | |

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i> | <i>1915</i> |
| <i>Chronic interstitial nephritis</i> | <i>1921</i> |
| <i>Cerebral hemorrhage</i> | <i>July 5, 1927</i> |

Other contributory causes of importance:

| | |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i> | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i> | <i>3 days ago</i> |

Other contributory causes of importance:

| | |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

9746

1. PLACE OF DEATH

County

Calvert

Village or City

Pans

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Mr. Louis

Ward

If U. S. Veteran, specify WAR

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Chumma Ward

6. DATE OF BIRTH (month, day, end year)

Jan 10 1892

7. AGE

Years

Months

Days

If LESS than
1 day, ----- hrs.
or ----- min.

65

8

2

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Domestic

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Md

MOTHER FATHER

13. NAME

Richard Wood

14. BIRTHPLACE (city or town)

(State or country)

Md

15. MAIDEN NAME

Ellen Wood

16. BIRTHPLACE (city or town)

(State or country)

Md

17. INFORMANT

(Address)

W. H. Hutchins
Oring

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Harmony

Date

Sep 24, 1937

19. UNOERTAKER

(Address)

W. H. Hutchins & Son

20. FILED

Sep 24, 1937 W. H. Hutchins

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

9

22

1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

9/21

1937

to

9/22

1937

I last saw deceased alive on 9/22/37, 1937; death is said

to have occurred on the date stated above, at 10:50 AM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Acute myocarditis

Date of onset

9/21/37

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

1937

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Hugh W Ward

M. D.

(Address)

Oring, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| Other contributory causes of importance: | |
| Gallstones | May 1, 1923 |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| Other contributory causes of importance: | |
| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

9747

1. PLACE OF DEATH

County

Calvert
Parris

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Frank Xavier Whittle

If U. S. Veteran, specify WAR

(a) Residence: No.

Parris

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the words)

married

5a. If married, widowed, or divorced

HUSBAND of

Ella G. Whittle

(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

January 15, 1867

7. AGE

Years

Months

Days

If LESS than 1 day, ----- hrs. or ----- min.

74

8

12

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKEEPER, etc.

Machinist

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Marine Engineer

10. Date deceased last worked at this occupation (month and year)

1915

11. Total time (years) spent in this occupation

Life

12. BIRTHPLACE (city or town)

Baltimore, Md

(State or country)

13. NAME

Charles A. Whittle

14. BIRTHPLACE (city or town)

Hanover

(State or country)

15. MAIDEN NAME

Mary Reed

16. BIRTHPLACE (city or town)

Baltimore, Md.

(State or country)

17. INFORMANT

(Address)

*Ella G. Whittle
Parris, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore

Date

sep 28, 1937

19. UNDERTAKER

(Address)

W. H. H. H. H. H.

20. FILED

sep 29, 1937

W. H. H. H. H. H.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 27, 1937

(Month)

(Day)

1937

(Year)

22.

I HEREBY CERTIFY That I attended deceased from

August

1936

to

Sept 27

1937

I last saw him alive on

Sept 26

1937

death is said to have occurred on the date stated above, at

40 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Cardiac Decompensation

Date of onset

9/26

Primary seat of the abdominal lymphoma: Not known. Duration: two years.

Other Contributory Causes of Importance:

*Hypertension + arteriosclerosis
Lymphosarcoma (Abdomen)*

Name of operation

Date of

What test confirmed diagnosis?

X-ray

Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Page & Jett

M. D.

(Address)

Charles Frederick

MARGIN RESERVED FOR BINDING

V. S. No. 1

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| Other contributory causes of importance: | |
| Gallstones | May 1, 1923 |

Example II

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|--|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| Other contributory causes of importance: | |
| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN